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## Application Number Filing Date MULTIPLE DEPENDENT CLAIM 10/520,917 **FEE CALCULATION SHEET** Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND **AMENDMENT** AMENDMENT Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Depend Total Total Indep Indep Total Total Depend Depend Total Total Claims

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Claims